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PTO/SB/21 (09-04)

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TRANSMITTAL FORM

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Total Number of Pages in This Submission

3

Application Number

10/782,633

Filing Date

February 19, 2004

First Named Inventor

TAYLOR, Jaime, et al

Art Unit

Examiner Name

Attorney Docket Number

2826108.000001

ENCLOSURES (Check all that apply)

☐

Fee Transmittal Form

☐

Fee Attached

☐

Amendment/Reply

☐

After Final

☐

Affidavits/declaration(s)

☐

Extension of Time Request

☐

Express Abandonment Request

☐

Information Disclosure Statement

☐

Certified Copy of Priority Document(s)

☐

Reply to Missing Parts/
Incomplete Application

☐

Reply to Missing Parts
under 37 CFR 1.52 or 1.53

☐

Drawing(s)

☐

Licensing-related Papers

☐

Petition

☐

Petition to Convert to a
Provisional Application

☒

Power of Attorney, Revocation
Change of Correspondence Address

☐

Terminal Disclaimer

☐

Request for Refund

☐

CD, Number of CD(s) _____

☐

Landscape Table on CD

☐

After Allowance Communication to TC

☐

Appeal Communication to Board
of Appeals and Interferences

☐

Appeal Communication to TC
(Appeal Notice, Brief, Reply Brief)

☐

Proprietary Information

☐

Status Letter

☐

Other Enclosure(s) (please identify
below):

Remarks

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name

BAKER, DONELSON, BEARMAN, CALDWELL & BERKOWITZ, PC

Signature

Printed name

W. EDWARD RAMAGE

Date

January 7, 2005

Reg. No.

50,810

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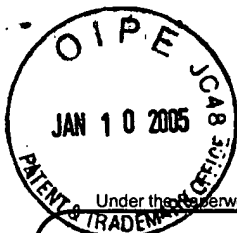
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January 7, 2005

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PTO/SB/82 (09-04)

Approved for use through 11/30/2005. OMB 0651-0035

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**REVOCATION OF POWER OF
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NEW POWER OF ATTORNEY
AND
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	10/782,633
Filing Date	February 19, 2004
First Named Inventor	TAYLOR, Jaime, et al
Art Unit	
Examiner Name	
Attorney Docket Number	2826108.000001

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☐ I hereby appoint the practitioners associated with the Customer Number:

☒ Please change the correspondence address for the above-identified application to:

☒ The address associated with
Customer Number:

44777

OR

☐ Firm or
Individual Name

Address

City

State

Zip

Country

Telephone

Fax

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature

Name

JAIME R. TAYLOR

Date

10/23/04

Telephone

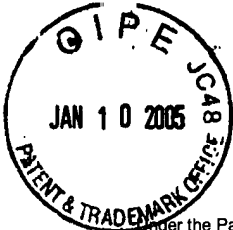
931-552-7031

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ *Total of 2 forms are submitted.

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PTO/SB/82 (09-04)

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Customer Number:

44777

OR

<input type="checkbox"/> Firm or Individual Name					
Address					
City		State		Zip	
Country					
Telephone		Fax			

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature			
Name	RONALD L. HOLCOMB		
Date	10-23-04	Telephone	(931) 565-4458

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